MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07852

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Suddie (Middle) (Last) Commodore

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 1951

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH P
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Commodore
14. MOTHER'S MAIDEN NAME Mary Boome

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS John Commodore Port Republic Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

(c)

331X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1951 to Aug 10, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 11 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Prince Frederick, Md. 8/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-13-51
NAME OF CEMETERY OR CREMATORY Brown's
LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 8-13-51
REGISTRAR'S SIGNATURE H. H. Ward
24. FUNERAL DIRECTOR P. E. Sewell Pr. Fred. Md. ADDRESS

720826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

T

U.S. A15

RECEIVED
AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07853

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 months
Hospital, institution, or street address where death occurred:
Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Huntingtown Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Maude Elizabeth Cox

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	w	w

6.(b) Name of husband or wife: James Mercer Cox
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 10, 1876

8. AGE: Years 75 | Months 7 | Days 13 | If less than one day: hrs. min.

9. Birthplace: Sunderland Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Benjamin Evans
13. Birthplace: Calvert Co Md

MOTHER
14. Maiden name: Jennie Fairley
15. Birthplace: Calvert Co Md

16. Informant: Beatrice M. Cox
Address: 2408 Brambleton Rd Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 25, 51 (month) (day) (year)

Cemetery or crematory: Huntingtown Cemetery
Location: Huntingtown, Maryland

18. Funeral director: Wm. H. Hutchins
Address: Owings, Maryland

19. Aug 25 1951 (Date rec'd by registrar) Grace F. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/23 1951, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/19 1950, to 8/22 1951
and that I last saw her alive on 8/22/51 1951

Immediate cause of death	DURATION
Gastric Hemorrhage	10 days
Due to Ruptured Emphazyal Ulcer	
Due to	
Other conditions Enlarged Hip	1 year 1950

529.1
(Include pregnancy within 3 months of death)
118.
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Prince Frederick Md. Date signed: 8/24/51

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07854

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Betty	(Middle)	(Last) Dowell	4. DATE OF DEATH	(Month) 8	(Day) 18	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
Female	W	Widowed	Oct 12 1868	83 yrs.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work	—	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Casoway Gover	Barbara Dowell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
No —	—
17. INFORMANT AND ADDRESS	
Mrs Cordelia Dowell - Sunderland, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hypertension Cardio vascular	
1442X Antecedent cause(s) (b) Renal Disease	
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 19 49, to 8/18, 19 51, that I last saw the deceased alive on 8/18, 19 51, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A L Deem	MD	Huntingtown	8/18/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 20 1951	Friendship Cemetery	Friendship	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 19 1951	Grace L. Hutchins	Wm H. Hutchins	Owings, Md

VS-A 15

RECEIVED
AUG 29 1951
BUREAU V. S.

Item 3 FilmG135 8/14/51 w.w.
8-31-51 ams

07855

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Norman (N) (Middle) (Last) Graham
4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 10-10-1919
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Graham
14. MOTHER'S MAIDEN NAME Florence Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Graham - St. Leonards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 day

936.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Accident (8-31-51 - ams)

195e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hit by baseball bat — 2 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) St Leonards - (COUNTY) Calvert (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 30 (Year) 51 (Hour) 7 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by baseball bat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. W. Ward (Degree or title) D. M. Z. ADDRESS Owen Md DATE SIGNED 8/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-4-51
NAME OF CEMETERY OR CREMATORY Brooks' Chapel
LOCATION (City, town, or county) Island Creek (State) Md.

DATE REG'D BY LOCAL REG. 8/2/51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell - ADDRESS Pr. Fred., Md.

970 VW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6 1951
BUREAU V. S.

07856

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Gray
4. DATE OF DEATH (Month) 8 (Day) 22 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Mar. 15.
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Gray.
14. MOTHER'S MAIDEN NAME Rachel Sawyer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-12-4205 A
17. INFORMANT AND ADDRESS Annie Gray St Leonards.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes Mellitus.

260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1951, to 8/22, 1951, that I last saw the deceased alive on 8/14, 1951, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 8/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-25-51
NAME OF CEMETERY OR CREMATORY Brooks Chapel
LOCATION (City, town, or county) Mutual (State) Md.

DATE REC'D BY LOCAL REG. 8-24-51
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick, Md.

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07857

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) E. (Last) Hungerford

4. DATE OF DEATH: (Month) Aug. (Day) 9 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct 29 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months 9 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm. S. Hungerford

14. MOTHER'S MAIDEN NAME: Mary Susan Lenord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs Herbert Howell - St. Leonards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) — Ventricular fibrillation - (heart failure)

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Generalized arteriosclerosis

97 (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 8-8, 19 51, that I last saw the deceased alive on 8-8, 19 51, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS St Leonard — DATE SIGNED 8/9/51

23. BURIAL, CREMATION REMOVAL, (Specify) Burial | DATE THEREOF Aug. 12, 1951 | NAME OF CEMETERY OR CREMATORY St. Paul's Cem. | LOCATION (City, town, or county) Lusby, (State) Md

DATE REC'D BY LOCAL REGR 8-10-51 | REGISTRAR'S SIGNATURE H. H. Ward | 24. FUNERAL DIRECTOR C. A. Hutchens & Son - Mutual, Md. | ADDRESS

RECEIVED
AUG 13 1951
BUREAU V. S.

07858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Solomons — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wash. D.C.
STREET ADDRESS (If rural give location): 1104 Allison St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) Roy (Last) Johnson
4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1951
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9/3/12
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10b. KIND OF BUSINESS OR INDUSTRY: Cement finisher
11. BIRTHPLACE (State or foreign country): Nelson Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Johnson
14. MOTHER'S MAIDEN NAME: Ida Dobbins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Geneva Johnson, 1302 T. St N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning accidental.

850.8 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): River
(CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) Aug (Day) 18 (Year) 1951 (Hour) 3.50 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Storm upset boat

22. ~~I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3.50 p.m., from the causes and on the date stated above.~~

SIGNATURE: J. Weeres Md. (Med Exam) (Degree or title) ADDRESS: Huntingtown Md. DATE SIGNED: 8/21/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ — DATE: 8-22-51 — NAME OF CEMETERY OR CREMATORY: Lincoln Memorial — LOCATION (City, town, or county): Suitland (State) Md

DATE REC'D BY LOCAL REG.: 8-21-51 — REGISTRAR'S SIGNATURE: N. W. Ward
24. FUNERAL DIRECTOR: Robert G. McGuire — ADDRESS: 1820-9 St N.W. Wash. D.C.

A720 511246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 27 1951
BUREAU V. S.

Item 9 FilmG136 9/28/51 ww

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(07859)

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons — LENGTH OF STAY (in this place) Today
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3303 Sherman Ave N.W.

3. NAME OF DECEASED (Type or Print): (First) Lew (Middle) H. (Last) Johnson
4. DATE OF DEATH (Month) aug (Day) 18 (Year) 1951

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-24-24
9. AGE last birthday 27 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Nelson Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Johnson
14. MOTHER'S MAIDEN NAME Ida Dobbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Geneva Johnson 1302 T. St N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning (accidental)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 850.8 (c) 172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patuxent — (CITY OR TOWN) Solomons — (COUNTY) Calvert — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) aug 18 1951 3:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Storm upset boat

22. ~~I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3:50 p.m., from the causes and on the date stated above.~~

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
D. Weems M.D. (Medexam) Huntingtown Md 8/21/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF 8-22-51 — NAME OF CEMETERY OR CREMATORY Lincoln Memorial — LOCATION (City, town, or county) Suitland — (State) Md.

DATE REC'D BY LOCAL REG. 8-21-51 — REGISTRAR'S SIGNATURE H. K. Nard — 24. FUNERAL DIRECTOR — ADDRESS Robert F. McGuire 1820-9 St N.W.

A720 970246 Wash. D.C.

RECEIVED
AUG 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07860

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charlie (Middle) C. (Last) Parks

4. DATE OF DEATH (Month) Aug. (Day) 8, (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) P

8. DATE OF BIRTH Nov. 22, 1914

9. AGE last birthday 36 yrs. If under 1 year Months 0 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Fishing + Crabbing

11. BIRTHPLACE (State or foreign country) Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert S. Parks

14. MOTHER'S MAIDEN NAME Florence M. Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY No. 218-01-8166

17. INFORMANT AND ADDRESS Florence M. Parks - Broomes Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 8/8, 1951, and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Ray Williams (Degree or title) ADDRESS St Leonard DATE SIGNED 8/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 11, 1951

NAME OF CEMETERY OR CREMATORY Broomes Island Cem.

LOCATION (City, town, or county) (State) Broomes Island, Md

DATE REC'D BY LOCAL REG. 8-10-51

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

910126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07861

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Nathaniel (Middle) D. (Last) Sollers

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Mar. 5, 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months 3 Days 3; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nathaniel D. Sollers

14. MOTHER'S MAIDEN NAME: Mary Susan Blare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. No

17. INFORMANT AND ADDRESS: Virginia Blare Sollers - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis

450.0 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/10, 1950, to 8/8, 1951, that I last saw the deceased alive on 8/7, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Weems. M.D. Huntingtown, Md 8/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Aug. 10, 1951; NAME OF CEMETERY OR CREMATORY Middleham Chapel; LOCATION (City, town, or county) Lusby, (State) Md.

DATE REC'D BY LOCAL REG. 8/10/51; REGISTRAR'S SIGNATURE N. W. Hard; 24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS —

100105

RECEIVED
AUG 13 1951
BUREAU V. S.